



Direct Deposit Authorization Form

Toll Free Number: 1-866-416-4931

Toll Free Fax: 1-866-490-0319

YOUR PERSONAL INFORMATION	
Please print.	
Your Name:	
Your Social Security Number: X X X - X X -	
YOUR BANK	
Name of Depository Bank:	
Transit/ABA #:	
Account #:	
Account Type:	☐ Checking* ☐ Savings**
Authorized User(s): (as they appear on check)	
* Attach a voided check for check	king account.
** Attach a voided deposit slip for savings account.	
YOUR AUTHORIZATION	
credit ACH banking transactions also authorize the Company to ini and/or credit the same to such acc the Company receives written not afford both the Company and the	n Benefit Solutions, Inc. ("the Company") to initiate debit and/or to my account with the Depository Bank indicated above. I (we) triate adjustment entries for any payments issued in error to debit count(s). This authority is to remain in full force and effect until diffication of termination in such time and in such manner as to Depository Bank a reasonable opportunity to act on it. I (we) or reimbursements from or repayments to my employer-sponsored
<i>Note</i> : If you have a joint account	, both parties must sign below.
Signed:	Signed:
Date:	Date:

Please return completed form via mail or fax to:

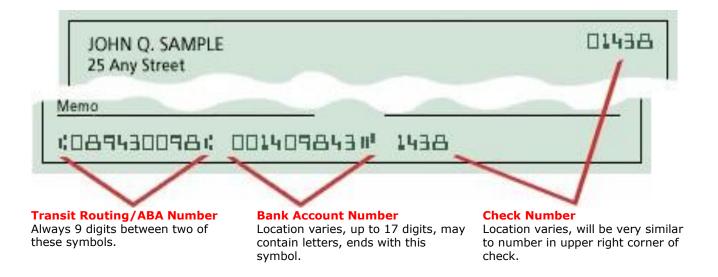
ITW Benefits Service Center - Reimbursements P.O. Box 3970 Manchester, NH 03105





Direct Deposit Authorization Form

Check Sample



Deposit Slip Sample

